

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
CD-ROM or CD-R?::	No
Title::	Vectors for Tissue-Specific Replication and Gene Expression
Attorney Docket No.::	4-31401A
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	19
Small Entity?::	No
Petition Included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Yung-Nien
Middle Name::	
Family Name::	Chang
City of Residence::	Cockysville
State or Province of Residence::	MD
Country of Residence::	US
Street of mailing address::	11 Watkins Glen Court
City of mailing address::	Cockysville
State or Province of mailing address:	MD
Postal or Zip Code of mailing address:	21030
Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Paul
Middle Name::	L.
Family Name::	Hallenbeck
City of Residence::	Gaithersburg
State or Province of Residence::	MD
Country of Residence::	US
Street of mailing address::	7461 Rosewood Manor Lane
City of mailing address::	Gaithersburg
State or Province of mailing address:	MD
Postal or Zip Code of mailing address:	20882
Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Carl
Middle Name::	M.
Family Name::	Hay
City of Residence::	Damascus
State or Province of Residence::	MD
Country of Residence::	US
Street of mailing address::	28301 Honeysuckle Drive

City of mailing address:: Damascus  
 State or Province of mailing address: MD  
 Postal or Zip Code of mailing address: 20872  
 Applicant Authority Type:: Inventor  
 Primary Citizenship Country:: US  
 Status:: Full Capacity  
 Given Name:: David  
 Middle Name:: A.  
 Family Name:: Stewart  
 City of Residence:: Eldersburg  
 State or Province of Residence:: MD  
 Country of Residence:: US  
 Street of mailing address:: 6023 Kennard Court  
 City of mailing address:: Eldersburg  
 State or Province of mailing address: MD  
 Postal or Zip Code of mailing address: 21784

### **Correspondence Information**

Correspondence Customer Number:: 001095

### **Representative Information**

Representative Customer Number: 001095

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Divisional of	08/974,391	11/19/97
08/974,391	Continuation-in-part of	08/487,992	6/7/95
08/487,992	Continuation-in-part of	08/348,258	11/28/94
08/974,391	Continuation-in-part of	08/849,117	7/1/97
08/849,117	§371 of	PCT/US95/15455	11/28/95
PCT/US95/15455	Continuation-in-part of	08/487,992	6/7/95
08/487,992	Continuation-in-part of	08/348,258	11/28/95

### **Assignee Information**

Assignee Name:: Genetic Therapy, Inc.